

# CERTIFICATE OF OCCUPANCY

## CITY OF WAVELAND

that at the time of issuance, this structure was in compliance with the various ordinances of the City of This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying Waveland regulating building construction or use.

Certificate: # 1800209

Issued to: JIM MORA

Building Address: 416 SEARS AVE

City, State, Zip: WAVELAND, MS 39576

Issued Date: 8.3.18 Expires: End of occupancy

Occupancy Type: Single Family izes.
Sprinkler System Required: N/A

Special Conditions: N/A

**Building Official** 

2018 9515
Recorded in the Above
Deed Book & Page
08-02-2018 04:01:18 PM
Timothy A Kellar
Hancock County

#### WAVELAND

My Commission Expires Dec. 31, 2019

### NONCONVERSION AGREEMENT with CITY OF WAVELAND, MISSISSIPPI

| This DECLARATION made this Zaday of August, 2018, by Jim Mora  |
|--|
| ("Owner") having an address at   |
| WITNESSETH:  |
| WHEREAS, the Owner is the record owner of all that real property located at  in the City of Waveland, Ms. in the County of Hancock   |
| in the City of Waveland, Ms. in the County of Hancock, designated in the Tax Records as 1620 - 1 - 10 - 0.78,000   |
| WHEREAS, the Owner has applied for a permit to place a structure on that property that has an  |
| enclosed area below the base flood elevation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number           |
| 342 and under Permit Number 1800209  |
| MHEDEAS, the Owner agrees to record this DECLADATION and codifier and declared   |
| WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of            |
| granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner.  |
| his heirs, personal representatives, successors, future owners, and assigns.   |
| UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:  |
| The structure or part thereof to which these conditions apply is:  |
| 2. At this site, the Base Flood Elevation is $20+1$ feet above mean sea level, National Geodetic Vertical Datum.   |
| 3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited   |
| storage, or access to the building. All interior walls, ceilings and floors below the Base Flood   |
| Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or<br>olumbing devices shall not be installed below the Base Flood Elevation.                            |
|  |
| 4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.  |
|  |
| 5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal<br>action to correct any violation. Any alterations or changes from these conditions also may render the |
| tructure uninsurable or increase the cost for flood insurance.   |
| A duly appointed representative of the City is authorized to enter the property for the purpose of   |
| respecting the exterior and interior of the enclosed area to verify compliance with this Declaration.  |
| Such inspections will be conducted upon due notice to the Owner and no more frequently than once ach year. More frequent inspections may be conducted if an annual inspection discovers a violation        |
| f the Permit.  |
| Other conditions:  |
| . Other conditions:  |
|  |
| witness whereof the undersigned set their hands and seals thisday ofAuc_, 20 Prounty the seals this  |
|  |
| Hancock County   |
| (Seal) I cartif(Seal)'s instrument was filed on  |
| Owner 08-02-2018 04:01:18 PM   |
| Timothy A. Kellar and recorded in Deed Book  |
| Chancery Clerk 2018 at pages 9515 - 9515   |
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#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

#### **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A - PROPERTY INFORMATION  |               |                          |          |                        | FOR INSUF            | RANCE COMPANY USE |                                       |
|---|---------------|--------------------------|----------|------------------------|----------------------|-------------------|---------------------------------------|
| A1. Building Owner's Name   |               |                          |          |                        | Policy Num           | ber:              |                                       |
| Jim Mora  |               | 2                        | 2018-3   | 28                     |                      |                   |                                       |
| A2. Building Street A<br>Box No.<br>416 Sears Ave   | Address (inc  | luding Apt., Unit, Suite | , and/o  | r Bldg. No.) or P.O.   | Route and            | Company N         | IAIC Number:                          |
| City  |               |                          |          | State                  |                      | ZIP Code          |                                       |
| Waveland  |               |                          |          | Mississippi            |                      | 39576             |                                       |
| A3. Property Descrip<br>Parcel 162Q-1-10-07   |               | d Block Numbers, Tax     | Parcel   | Number, Legal De       | scription, etc.)     |                   |                                       |
| A4. Building Use (e.  | g., Resident  | ial, Non-Residential, A  | ddition  | , Accessory, etc.)     | Residential          |                   |                                       |
| A5. Latitude/Longitu  | de: Lat. 30   | -16-16 L                 | ong. 8   | 9-23-13                | Horizontal Datum     | : NAD 1           | 1927 X NAD 1983                       |
| A6. Attach at least 2   | : photograph  | s of the building if the | Certific | ate is being used to   | obtain flood insura  | nce.              |                                       |
| A7. Building Diagran  | n Number _    | 6                        |          |                        |                      |                   |                                       |
| A8. For a building wi   | ith a crawlsp | pace or enclosure(s):    |          |                        |                      |                   |                                       |
| a) Square foota   | ge of crawls  | pace or enclosure(s)     |          | 180 sq ft              |                      |                   |                                       |
| b) Number of pe   | ermanent flo  | od openings in the cra   | wlspac   | e or enclosure(s) w    | ithin 1.0 foot above | adjacent gr       | ade2                                  |
| c) Total net area   | a of flood op | enings in A8.b 240       | ) s      | q in                   |                      |                   |                                       |
| d) Engineered fl  | lood opening  | gs? ☐ Yes ☒ No           | )        |                        |                      |                   |                                       |
| A9. For a building wi   | th an attach  | ed garage:               |          |                        |                      |                   |                                       |
|   |               |                          |          | sa ft                  |                      |                   |                                       |
| a) Square footage of attached garage sq ft  b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0 |               |                          |          |                        |                      |                   |                                       |
|   |               |                          |          |                        |                      |                   |                                       |
| c) Total net area of flood openings in A9.b sq in   |               |                          |          |                        |                      |                   |                                       |
| d) Engineered flood openings? ☐ Yes ☒ No  |               |                          |          |                        |                      |                   |                                       |
|   | SE            | CTION B - FLOOD IN       | ISURA    | NCE RATE MAP           | (FIRM) INFORMA       | TION              |                                       |
| B1. NFIP Community  | Name & Co     | ommunity Number          |          | B2. County Name        |                      |                   | B3. State                             |
| City of Waveland 285  | 5262          |                          |          | Hancock                |                      |                   | Mississippi                           |
| B4. Map/Panel<br>Number   | B5. Suffix    | B6. FIRM Index<br>Date   | E        | IRM Panel<br>ffective/ | B8. Flood Zone(s)    | (Zo               | se Flood Elevation(s) ne AO, use Base |
| 28045C0334  | D             | 10/16/2009               |          | evised Date<br>d/2009  | AE                   | 20                | od Depth)                             |
|   |               | Base Flood Elevation (   |          |                        | epth entered in Item | B9:               |                                       |
| ☐ FIS Profile   | X FIKIVI      | Community Determ         | mea [    | Other/Source           |                      |                   |                                       |
| B11. Indicate elevati   | ion datum us  | sed for BFE in Item B9   | : 🔲 N    | GVD 1929 🗵 NA          | √VD 1988             | ner/Source:       |                                       |
| B12. Is the building  | located in a  | Coastal Barrier Resou    | rces Sy  | ystem (CBRS) area      | or Otherwise Prote   | cted Area (       | OPA)? ☐ Yes ☒ No                      |
| Designation Da  | ate:          |                          | BRS      | ☐ OPA                  |                      |                   |                                       |
| Autori  |               |                          |          |                        |                      |                   |                                       |

|                   |   |  |   | The state of the s |
|-------------------|---|--|---|--|
|                   | RTANT: In these spaces, copy the corresponding in   |  |   | FOR INSURANCE COMPANY USE  |
|                   | ng Street Address (including Apt., Unit, Suite, and/or Blears Ave   | dg. No.) or P.O. Rou   | ute and Box No.   | Policy Number:   |
| City<br>Wave      | State Missis  | 100000   | Code<br>76  | Company NAIC Number  |
| HALLO S. HOROSANO | SECTION C - BUILDING ELEV   | ATION INFORMA  | TION (SURVEY R  | EQUIRED)   |
|                   | *A new Elevation Certificate will be required when cons   | Orawings*  | ing is complete.  |  |
| C2.               | Elevations – Zones A1–A30, AE, AH, A (with BFE), VE Complete Items C2.a–h below according to the building Benchmark Utilized: GPS Derived   | E, V1–V30, V (with B<br>g diagram specified<br>Vertical Datum                                | in item A7. In Pueri  | /AE, AR/A1–A30, AR/AH, AR/AO. :o Rico only, enter meters.  |
|                   | Indicate elevation datum used for the elevations in item  |  |   |  |
|                   | □ NGVD 1929 ☑ NAVD 1988 □ Other/Sou   |  |   |  |
|                   | Datum used for building elevations must be the same a   |  | BFE.  | Check the measurement used.  |
|                   | a) Top of bottom floor (including basement, crawlspace)   | e. or enclosure floor  | 13. 7   | X feet meters  |
|                   | b) Top of the next higher floor   |  | 24. 7   | 🗴 feet 🗌 meters  |
|                   | c) Bottom of the lowest horizontal structural member (  | V Zones only)  | N/A   | X feet meters  |
|                   | d) Attached garage (top of slab)  |  | N/A   | ✓ feet ☐ meters  |
|                   | E) Lowest elevation of machinery or equipment service (Describe type of equipment and location in Common comm | ing the building ents)   | <u>24</u> . <u>5</u>  | X feet meters  |
|                   | f) Lowest adjacent (finished) grade next to building (L   |  | 10. 7   | x feet meters  |
|                   | g) Highest adjacent (finished) grade next to building (l  |  | 12. 0   | ✓ feet ☐ meters  |
|                   | h) Lowest adjacent grade at lowest elevation of deck of structural support  |  | <u>N/A</u> .  | × feet  meters   |
|                   | SECTION D - SURVEYOR, E   | NGINEER, OR AR   | CHITECT CERTIF  | CATION   |
| l cei<br>stati    | certification is to be signed and sealed by a land surve<br>tify that the information on this Certificate represents me<br>ement may be punishable by fine or imprisonment unde   | eyor, engineer, or are<br>by best efforts to inte<br>er 18 U.S. Code, Se                     | chitect authorized berpret the data availaction 1001.             | v law to certify elevation information.  |
| Wer               | e latitude and longitude in Section A provided by a licer   |  | Yes LINO  |  |
|                   | IIICI 3 INDITIC   | License Number<br>P.E. 19732   |   | All CON P. Char  |
| Title<br>Proj     | ect Manager   |  |   | PASE PROFESSION OF ENGINEER OF THE   |
|                   | pany Name<br>es J Chiniche PA INC   |  |   | Seal Here  |
| Add<br>412        | HWY 90 Suite 4  |  |   | 19732<br>OF MICS 15 9 1974   |
| City<br>Bay       |   | State<br>Mississippi   | ZIP Code<br>39520   | Seemonnill 11  |
| 1                 | ature Clife   | Date<br>07/13/2018   | Telephone<br>(228) 467-6755                                       |  |
| Cop               | all pages of this Elevation Certificate and all attachment  | ts for (1) community   | official, (2) insurance   | agent/company, and (3) building owner.   |
| Con<br>NO<br>Map  | ments (including type of equipment and location, per CE: The description in A3 above is for information only a Section B4. Recommend verification of (BFE) by locationsible for coordinating this certificate with contractor at of existing driveway EL: 10.4 Waveland Freeboard =   | C2(e), if applicable) & not to certify the ball building official. Tand/or building official | uilding location. Th<br>he flood zone is det<br>al as needed. TBN | ne base flood elevation (BFE) is per<br>termined by graphic plotting, owner is<br>VI Is a Mag nail found on Gulf drive in  |

| IMPORTANT: In these spaces, copy the correspon  | ding information                         | from Section A.                             |                              | FOR INSURAN                             | CE COMPANY USE   |
|---|--|---|------------------------------|---|--|
| Building Street Address (including Apt., Unit, Suite, a   |  |   | ox No.                       | Policy Number:                          |  |
| 416 Sears Ave   |  |   |                              |   |  |
| City  | State                                    | ZIP Code<br>39576                           |                              | Company NAIC                            | Number   |
| Waveland  | Mississippi                              |   | /EV NOT                      | DEOLUBED)                               | A Consistent Countries Commonstrate Special Control of Consistent Countries Consistent Countries Consistent Co |
| SECTION E – BUILDING E<br>FOR ZOI   | NE AO AND ZOI                            | NE A (WITHOUT B                             | BFE)                         | REGUIRED                                |  |
| For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters. | natural grade, if a                      | available. Check the                        | e measuren                   | nent used. In Pu                        | erto Rico only,  |
| E1. Provide elevation information for the following an the highest adjacent grade (HAG) and the lowes               | id check the appro<br>t adjacent grade ( | opriate boxes to sho<br>LAG).               | ow whether                   | the elevation is                        | above or below   |
| <ul> <li>a) Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li> </ul>                    |  | feet  | meters                       | above or                                | below the HAG.   |
| b) Top of bottom floor (including basement, crawlspace, or enclosure) is  |  | [] feet                                     | meters                       | above or                                | below the LAG.   |
| E2. For Building Diagrams 6–9 with permanent flood  | openings provide                         | d in Section A Items                        | s 8 and/or                   | 9 (see pages 1-                         | 2 of Instructions),  |
| the next higher floor (elevation C2.b in the diagrams) of the building is   |  | feet  | meters                       | above or                                | below the HAG.   |
| E3. Attached garage (top of slab) is  |  | feet  | meters                       | above or                                | below the HAG.   |
| E4. Top of platform of machinery and/or equipment servicing the building is   | ***************************************  | feet  | meters                       | s above or                              | below the HAG.   |
| E5. Zone AO only: If no flood depth number is availa floodplain management ordinance?   Yes                         | ble, is the top of the                   | ne bottom floor elev<br>own. The local offi | rated in acc<br>icial must c | cordance with the<br>ertify this inform | e community's<br>ation in Section G.   |
| SECTION F - PROPERTY OV   | VNER (OR OWN                             | ER'S REPRESENTA                             | ATIVE) CE                    | RTIFICATION                             |  |
| The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.                | tive who complete<br>The statements in   | es Sections A, B, and<br>Sections A, B, and | nd E for Zor<br>I E are corr | ne A (without a fect to the best o      | FEMA-issued or f my knowledge.   |
| Property Owner or Owner's Authorized Representative   |  |   |                              |   |  |
| Address   |  | City  | Sta                          | ite                                     | ZIP Code   |
|   |  |   | <del> </del>                 | 1                                       |  |
| Signature   |  | Date  | l el                         | ephone                                  |  |
| Comments  |  |   |                              |   |  |
|   |  |   |                              |   |  |
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|   |  |   |                              |   |  |
|   |  |   |                              | ☐ Check                                 | here if attachments.   |

| IMPORTANT: In these spaces, copy the corr  | esponding information fr   | om Section A.                                 | FOR INSURANCE COMPANY USE   |  |  |  |  |
|--|--|---|---|--|--|--|--|
| Building Street Address (including Apt., Unit, S   | o. Policy Number:  |   |   |  |  |  |  |
| 416 Sears Ave  |  |   |   |  |  |  |  |
| City   | State  | ZIP Code                                      | Company NAIC Number   |  |  |  |  |
| Waveland   | Mississippi  | 39576   |   |  |  |  |  |
| SECTION  | ON G - COMMUNITY INFO  | ORMATION (OPTION                              | IAL)  |  |  |  |  |
| The local official who is authorized by law or of<br>Sections A, B, C (or E), and G of this Elevation<br>used in Items G8–G10. In Puerto Rico only, er | Certificate. Complete the  | community's floodpla<br>applicable item(s) an | n management ordinance can complete d sign below. Check the measurement |  |  |  |  |
| G1. The information in Section C was takengineer, or architect who is authorized taken in the Comments area below.)                                    | engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation |   |   |  |  |  |  |
| G2. A community official completed Sect or Zone AO.  | ion E for a building located   | in Zone A (without a                          | FEMA-issued or community-issued BFE)                                    |  |  |  |  |
| G3.  The following information (Items G4-  | -G10) is provided for comm   | nunity floodplain man                         | agement purposes.   |  |  |  |  |
| G4. Permit Number  | G5. Date Permit Issued   |   | G6. Date Certificate of Compliance/Occupancy Issued                     |  |  |  |  |
| G7. This permit has been issued for:   | New Construction Su  | ıbstantial Improveme                          | nt  |  |  |  |  |
| G8. Elevation of as-built lowest floor (includin of the building:  | g basement)  |   | feet meters Datum   |  |  |  |  |
| G9. BFE or (in Zone AO) depth of flooding at   | the building site:   |   | feet meters Datum   |  |  |  |  |
| G10. Community's design flood elevation:   | 17   |   | feet meters Datum   |  |  |  |  |
| Local Official's Name  | T  | itle  |   |  |  |  |  |
| Community Name   | Т  | elephone                                      |   |  |  |  |  |
| Signature  | D  | ate   |   |  |  |  |  |
|  | action per C2(a) if applies  | abla)   |   |  |  |  |  |
| Comments (including type of equipment and lo   | cation, per C2(e), ii applica  | able)   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
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|  |  |   | Check here if attachments.  |  |  |  |  |

OMB No. 1660-0008

Expiration Date: November 30, 2018

| ELEVATION CERTIFICATE   | See Instructions       | Expiration Date: November 30, 2018 |                           |
|---|------------------------|------------------------------------|---------------------------|
| IMPORTANT: In these spaces, copy the corn                         | responding information | from Section A.                    | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt., Unit, S<br>416 Sears Ave | Policy Number:         |                                    |                           |
| City  | State<br>Mississippi   | ZIP Code<br>39576                  | Company NAIC Number       |
| Waveland  | INISSISSIPPI           | 39370                              |                           |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption TBM EL: 10.4



Photo Two

Photo Two Caption Front

**ELEVATION CERTIFICATE** 

OMB No. 1660-0008

Continuation Page

Expiration Date: November 30, 2018

| (1)  |                           |          |                     |
|--|---------------------------|----------|---------------------|
| IMPORTANT: In these spaces, copy the co                      | FOR INSURANCE COMPANY USE |          |                     |
| Building Street Address (including Apt., Unit, 416 Sears Ave | Policy Number:            |          |                     |
| City   | State                     | ZIP Code | Company NAIC Number |
| Waveland   | Mississippi               | 39576    |                     |

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption Rear



Photo Two

Photo Two Caption Vent (2QTY)

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date. November 30, 2018

#### **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A - PROPERT   | F                              | OR INSURANCE COMPANY USE |                                    |  |  |  |
|---|--------------------------------|--------------------------|------------------------------------|--|--|--|
| A1. Building Owner's Name   | P                              | olicy Number             |                                    |  |  |  |
| Jim Mora  | 2018-243                       |                          |                                    |  |  |  |
| A2. Building Street Address (including Apt., Unit, Su   | iite, and/or Bldg. No.) or P.C | Route and C              | ompany NAIC Number:                |  |  |  |
| Box No.<br>416 Sears Ave  |                                |                          |                                    |  |  |  |
| City  | State                          | ZI                       | P Code                             |  |  |  |
| Waveland  | Mississippi                    | 39                       | 9576                               |  |  |  |
| A3. Property Description (Lot and Block Numbers, T  | ax Parcel Number, Legal De     | escription, etc.)        |                                    |  |  |  |
| Parcel 162Q-1-10-078.000  |                                |                          |                                    |  |  |  |
| A4. Building Use (e.g., Residential, Non-Residential  | , Addition, Accessory, etc.)   | Residential              |                                    |  |  |  |
| A5. Latitude/Longitude: Lat. 30-16-16   | Long. 89-23-13                 | Horizontal Datum:        | ☐ NAD 1927 🗵 NAD 1983              |  |  |  |
| A6. Attach at least 2 photographs of the building if the  | ne Certificate is being used t | o obtain flood insurance | ce.                                |  |  |  |
| A7. Building Diagram Number5  |                                |                          |                                    |  |  |  |
| A8. For a building with a crawlspace or enclosure(s)  | :                              |                          |                                    |  |  |  |
| a) Square footage of crawlspace or enclosure(s  | ) 0 sq ft                      |                          |                                    |  |  |  |
| b) Number of permanent flood openings in the o  |                                | vithin 1.0 foot above ac | fjacent grade 0                    |  |  |  |
| c) Total net area of flood openings in A8.b   |                                |                          |                                    |  |  |  |
| d) Engineered flood openings? Yes   |                                |                          |                                    |  |  |  |
|   | NO                             |                          |                                    |  |  |  |
| A9. For a building with an attached garage:   |                                |                          |                                    |  |  |  |
| a) Square footage of attached garage0   | sq ft                          |                          |                                    |  |  |  |
| b) Number of permanent flood openings in the a  | attached garage within 1.0 fo  | oot above adjacent gra   | de                                 |  |  |  |
| c) Total net area of flood openings in A9.b   | 0 sq in                        |                          |                                    |  |  |  |
| d) Engineered flood openings? Yes 🔀   | No                             |                          | ¥                                  |  |  |  |
|   |                                |                          |                                    |  |  |  |
| SECTION B - FLOOD   | INSURANCE RATE MAP             | (FIRM) INFORMATI         | ON                                 |  |  |  |
| B1. NFIP Community Name & Community Number  | B2. County Name                | 9                        | B3. State                          |  |  |  |
| City of Waveland 285262   | Hancock                        |                          | Mississippi                        |  |  |  |
| B4. Map/Panel B5. Suffix B6. FIRM Index   | B7. FIRM Panel                 | B8. Flood Zone(s)        | B9. Base Flood Elevation(s)        |  |  |  |
| Number Date   | Effective/<br>Revised Date     |                          | (Zone AO, use Base<br>Flood Depth) |  |  |  |
| 28045C0334 D 10/16/2009   | 10/16/2009                     | AE                       | 20                                 |  |  |  |
|   |                                | _L                       |                                    |  |  |  |
| B10. Indicate the source of the Base Flood Elevation  |                                | epth entered in Item B   | 9:                                 |  |  |  |
| FIS Profile X FIRM Community Deter  | rmined Other/Source:           |                          |                                    |  |  |  |
| B11 Indicate elevation datum used for BFE in Item E   | 39: ☐ NGVD 1929 🗵 N            | AVD 1988  Othe           | r/Source:                          |  |  |  |
| P.12. In the building located in a Coastal Paging Page  |                                |                          |                                    |  |  |  |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Type X No |                                |                          |                                    |  |  |  |
|   |                                | a or Otherwise Protect   | ed Alea (OFA)! Tes Mino            |  |  |  |
| Designation Date.   | ources System (CBRS) area      | a of Otherwise Protect   | ed Alea (OFA)! Ties & No           |  |  |  |

| ion A.  | FOR INSURANCE COMPANY USE   |  |  |  |
|---|---|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 416 Sears Ave           |   |  |  |  |
| ode<br>S  | Company NAIC Number   |  |  |  |
| ON (SURVEY RE   | EQUIRED)  |  |  |  |
| ng Under Construg is complete.  E), AR, AR/A, AR/A Item A7. In Puerto IAVD88  E.  24. 5  N/A  N/A  N/A  N/A  12. 4  13. 0 |   |  |  |  |
| <u>N/A</u>  |   |  |  |  |
| HITECT CERTIFIC   | CATION  |  |  |  |
| tect authorized by  | law to certify elevation information.  ble. I understand that any false   Check here if attachments.  |  |  |  |
| ZIP Code  | STATE SOND CHER CHART   |  |  |  |
|   |   |  |  |  |
| (228) 467-6755 ial, (2) insurance a ing location. The lood zone is deter  | base flood elevation (BFE) is per mined by graphic plotting owner is a Mag nail found on Gulf drive in  |  |  |  |
|   | e and Box No.  ode  ON (SURVEY RE  ng Under Constru g is complete. E), AR, AR/A, AR/ Item A7. In Puerto AVD88  E.  24. 5  N/A  N/A  N/A  N/A  N/A  12. 4  13. 0  N/A  N/A  ITECT CERTIFIT ect authorized by et the data availau n 1001.  X Yes No  Telephone 228) 467-6755  ial, (2) insurance a lood zone is deter |  |  |  |

|  | IMPORTANT: In these spaces, copy the corresponding information from Section A. |   |  |  |  |
|--|--|---|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/416 Sears Ave  | or Bldg. No.) or P.O. Route and Bo   | x No Policy Number:   |  |  |  |
| N-1  | tate ZIP Code<br>ississippi 39576  | Company NAIC Number   |  |  |  |
| SECTION E – BUILDING ELE<br>FOR ZONE   | VATION INFORMATION (SURV<br>AO AND ZONE A (WITHOUT BE                          | EY NOT REQUIRED)<br>FE)   |  |  |  |
| For Zones AO and A (without BFE), complete Items E1–complete Sections A, B, and C. For Items E1–E4, use natenter meters.                                       | E5. If the Certificate is intended to stural grade, if available. Check the    | support a LOMA or LOMR-F request,<br>measurement used. In Puerto Rico only,           |  |  |  |
| E1. Provide elevation information for the following and c<br>the highest adjacent grade (HAG) and the lowest ad<br>a) Top of bottom floor (including basement, | heck the appropriate boxes to show<br>ljacent grade (LAG).                     | whether the elevation is above or below   |  |  |  |
| crawlspace, or enclosure) is b) Top of bottom floor (including basement,   | feet   | meters above or below the HAG.  |  |  |  |
| crawlspace, or enclosure) is  E2. For Building Diagrams 6–9 with permanent flood ope   | feet   | meters above or below the LAG.  |  |  |  |
| the next higher floor (elevation C2.b in the diagrams) of the building is  | feet [   | meters above or below the HAG.  |  |  |  |
| E3. Attached garage (top of slab) is   | feet [   | meters above or below the HAG.  |  |  |  |
| E4. Top of platform of machinery and/or equipment servicing the building is  | feet [   | meters above or below the HAG.  |  |  |  |
| E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes N  | is the top of the bottom floor elevat<br>No Unknown. The local offici          | ed in accordance with the community's all must certify this information in Section G. |  |  |  |
| SECTION F - PROPERTY OWNE  | R (OR OWNER'S REPRESENTA   | TIVE) CERTIFICATION   |  |  |  |
| The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The   | who completes Sections A, B, and statements in Sections A, B, and E            | E for Zone A (without a FEMA-issued or are correct to the best of my knowledge.       |  |  |  |
| Property Owner or Owner's Authorized Representative's I  | Name   |   |  |  |  |
|  |  |   |  |  |  |
| Address  | City   | State ZIP Code  |  |  |  |
| Address<br>Signature   | City   | State ZIP Code Telephone  |  |  |  |
|  |  |   |  |  |  |
| Signature  | •  |   |  |  |  |
| Signature  | •  |   |  |  |  |

| IMPORTANT: In these spaces, copy the co  | rresponding information      | n from Section A.  | FOR INSURANCE COMPANY USE  |  |  |  |
|--|------------------------------|--|--|--|--|--|
| Building Street Address (including Apt., Unit, 416 Sears Ave   | Suite, and/or Bldg. No ) c   | or P.O. Route and Box No.                                  | Policy Number.   |  |  |  |
| City<br>Waveland   | State<br>Mississippi         | ZIP Code<br>39576  | Company NAIC Number  |  |  |  |
| SECT   | ION G - COMMUNITY IN         | FORMATION (OPTIONAL  | -)   |  |  |  |
| The local official who is authorized by law or sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, e   | on Certificate. Complete the | ne community's floodplain n<br>he applicable item(s) and s | nanagement ordinance can complete ign below. Check the measurement |  |  |  |
| G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) |                              |  |  |  |  |  |
| G2. A community official completed Second or Zone AO.  | tion E for a building locat  | ed in Zone A (without a FE                                 | MA-issued or community-issued BFE)                                 |  |  |  |
| G3. The following information (Items G4  | -G10) is provided for cor    | mmunity floodplain manage                                  | ment purposes.   |  |  |  |
| G4. Permit Number  | G5. Date Permit Issue        | ed G6.   | Date Certificate of Compliance/Occupancy Issued                    |  |  |  |
| G7. This permit has been issued for:   | New Construction             | Substantial Improvement                                    |  |  |  |  |
| G8. Elevation of as-built lowest floor (including of the building:   | g basement)                  | fe   | et  meters Datum   |  |  |  |
| G9. BFE or (in Zone AO) depth of flooding at   | the building site:           | fe   | et  meters Datum   |  |  |  |
| G10. Community's design flood elevation:   |                              | fe   | et  meters Datum   |  |  |  |
| Local Official's Name  |                              | Title  |  |  |  |  |
| Community Name   |                              | Telephone  |  |  |  |  |
| Signature  |                              | Date   |  |  |  |  |
| Comments (including type of equipment and lo   | cation, per C2(e), if applie | cable)   |  |  |  |  |
|  |                              |  |  |  |  |  |
|  |                              |  |  |  |  |  |
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|  |                              |  |  |  |  |  |
|  |                              |  |  |  |  |  |
|  |                              |  | Check here if attachments.   |  |  |  |

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6

OMB No. 1660-0008 Expiration Date November 30, 2018

| IMPORTANT: In these spaces,                      | FOR INSURANCE COMPANY USE Policy Number. |          |                     |
|--|--|----------|---------------------|
| Building Street Address (including 416 Sears Ave |  |          |                     |
| City   | State                                    | ZIP Code | Company NAIC Number |
| Waveland   | Mississippi                              | 39576    |                     |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required. "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption TBM EL: 10.4



Photo Two

Photo Two Caption Front

**ELEVATION CERTIFICATE** 

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, c                    | FOR INSURANCE COMPANY USE              |                          |                     |
|--|--|--------------------------|---------------------|
| Building Street Address (including 416 Sears Ave | Apt., Unit, Suite, and/or Bldg. No.) o | r P.O. Route and Box No. | Policy Number:      |
| City   | State                                  | ZIP Code                 | Company NAIC Number |
| Waveland   | Mississippi                            | 39576                    |                     |

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken: "Front View" and "Rear View": and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption Rear

Photo Iwo

Photo Two

Photo Two Caption

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

#### **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official. (2) insurance agent/company. and (3) building owner.

| SECTION A - PROPERTY INFORMATION   |   |          |                                       |                       | FOR INSURANCE COMPANY USE |   |  |  |
|--|---|----------|---------------------------------------|-----------------------|---------------------------|---|--|--|
| A1. Building Owner's Name Jim Mora   |   |          |                                       |                       |                           | nber:   |  |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 416 Sears Ave          |   |          |                                       |                       | Company NAIC Number:      |   |  |  |
| City<br>Waveland   | State<br>Mississippi                                  |          |                                       |                       | ZIP Code<br>39576         |   |  |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel 162Q-1-10-078.000        |   |          |                                       |                       |                           |   |  |  |
| A4. Building Use (e.g., Reside   | ntial, Non-Residential, A                             | Addition | , Accessory, etc.)                    | Residential           |                           |   |  |  |
| A5. Latitude/Longitude: Lat. 3   | 30-16-16  | Long. 8  | 9-23-13                               | Horizontal Datum      | : NAD                     | 1927 X NAD 1983                                 |  |  |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.                |   |          |                                       |                       |                           |   |  |  |
| A7. Building Diagram Number  | 5   |          |                                       |                       |                           |   |  |  |
| A8. For a building with a crawl  | space or enclosure(s):                                |          |                                       |                       |                           |   |  |  |
| a) Square footage of craw  | a) Square footage of crawlspace or enclosure(s) sq ft |          |                                       |                       |                           |   |  |  |
| b) Number of permanent f   | lood openings in the cra                              | wlspac   | e or enclosure(s) w                   | rithin 1.0 foot above | adjacent gr               | ade0  |  |  |
| c) Total net area of flood openings in A8.b sq in  |   |          |                                       |                       |                           |   |  |  |
| d) Engineered flood openings?  |   |          |                                       |                       |                           |   |  |  |
| A9. For a building with an attached garage:  |   |          |                                       |                       |                           |   |  |  |
| a) Square footage of attached garage0 sq ft  |   |          |                                       |                       |                           |   |  |  |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0                          |   |          |                                       |                       |                           |   |  |  |
| c) Total net area of flood openings in A9.b 0 sq in  |   |          |                                       |                       |                           |   |  |  |
| d) Engineered flood openings?  Yes  No   |   |          |                                       |                       |                           |   |  |  |
|  |   |          |                                       |                       |                           |   |  |  |
|  | ECTION B - FLOOD IN                                   | ISURA    | <del> </del>                          |                       | LION                      | 7   |  |  |
| B1. NFIP Community Name & C<br>City of Waveland 285262   | Community Number                                      |          | B2. County Name<br>Hancock            |                       |                           | B3. State<br>Mississippi                        |  |  |
| B4. Map/Panel B5. Suffix Number  | B6. FIRM Index<br>Date                                | E        | IRM Panel<br>ffective/<br>evised Date | B8. Flood Zone(s)     | (Zo                       | se Flood Elevation(s) ne AO, use Base od Depth) |  |  |
| 28045C0334 D   | 10/16/2009  | 10/16    |                                       | AE                    | 20                        | ou Deptity                                      |  |  |
| B10. Indicate the source of the  | Base Flood Elevation (F                               | 3FE) da  | ata or base flood de                  | epth entered in Item  | B9:                       |   |  |  |
| FIS Profile X FIRM Community Determined Other/Source:  |   |          |                                       |                       |                           |   |  |  |
| B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:                                   |   |          |                                       |                       |                           |   |  |  |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Types X No |   |          |                                       |                       |                           |   |  |  |
| Designation Date: CBRS OPA   |   |          |                                       |                       |                           |   |  |  |
|  |   |          |                                       |                       |                           |   |  |  |
|  |   |          |                                       |                       |                           |   |  |  |

| IMPORTANT: In these spaces, copy the corresponding   | FOR INSURANCE COMPANY USE  |                             |                              |  |  |  |  |  |
|--|--|-----------------------------|------------------------------|--|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or   | Policy Number:   |                             |                              |  |  |  |  |  |
| 416 Sears Ave  |  |                             |                              |  |  |  |  |  |
| City Sta   |  | Code                        | Company NAIC Number          |  |  |  |  |  |
|  | sissippi 395   |                             |                              |  |  |  |  |  |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)   |  |                             |                              |  |  |  |  |  |
| C1. Building elevations are based on:   Construction Drawings*   Building Under Construction*   Finished Construction  |  |                             |                              |  |  |  |  |  |
| *A new Elevation Certificate will be required when construction of the building is complete.   |  |                             |                              |  |  |  |  |  |
| C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  |  |                             |                              |  |  |  |  |  |
| Benchmark Utilized: GPS Derived Vertical Datum: NAVD88   |  |                             |                              |  |  |  |  |  |
| Indicate elevation datum used for the elevations in it  ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S  |  | w.                          |                              |  |  |  |  |  |
| Datum used for building elevations must be the same  |  | BFE.                        |                              |  |  |  |  |  |
|  |  | 24.0                        | Check the measurement used.  |  |  |  |  |  |
| a) Top of bottom floor (including basement, crawlsp  | ace, or enclosure floor  | )21. 0<br>N/A               | X feet meters                |  |  |  |  |  |
| b) Top of the next higher floor  | b) Top of the next higher floor  |                             |                              |  |  |  |  |  |
| c) Bottom of the lowest horizontal structural membe  | r (V Zones only)   | N/A                         | X feet meters                |  |  |  |  |  |
| d) Attached garage (top of slab)   |  | N/A                         | X feet meters                |  |  |  |  |  |
| <ul> <li>e) Lowest elevation of machinery or equipment serv<br/>(Describe type of equipment and location in Com</li> </ul>   | e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) |                             |                              |  |  |  |  |  |
| f) Lowest adjacent (finished) grade next to building   | 10.7   |                             |                              |  |  |  |  |  |
| g) Highest adjacent (finished) grade next to building  | g) Highest adjacent (finished) grade next to building (HAG)12. 0   |                             |                              |  |  |  |  |  |
| h) Lowest adjacent grade at lowest elevation of decl   | k or stairs, including   | N/A <sub>.</sub>            | X feet  meters               |  |  |  |  |  |
| structural support   | •  |                             |                              |  |  |  |  |  |
| SECTION D – SURVEYOR,  | ENGINEER, OR ARC   | CHITECT CERTIFI             | CATION                       |  |  |  |  |  |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  |  |                             |                              |  |  |  |  |  |
| Were latitude and longitude in Section A provided by a lic   |  |                             | ★ Check here if attachments. |  |  |  |  |  |
| Certifier's Name   | License Number   |                             |                              |  |  |  |  |  |
| Jason P Chiniche   | P.E. 19732   |                             | AND PARENCE                  |  |  |  |  |  |
| Title Project Manager  |  |                             | MAN SED PROAD                |  |  |  |  |  |
| Company Name   |  |                             |                              |  |  |  |  |  |
| James J Chiniche PA INC  |  |                             | Seal NAA                     |  |  |  |  |  |
| Address<br>412 HWY 90 Suite 2  |  |                             | 19732                        |  |  |  |  |  |
| City   | State  | ZIP Code                    | Or Muscissi Print            |  |  |  |  |  |
| Bay St. Louis  | Mississippi  | 39520                       | MISSISSIN                    |  |  |  |  |  |
| \$ignature   | Date<br>03/23/2018   | Telephone<br>(228) 467-6755 |                              |  |  |  |  |  |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.  |  |                             |                              |  |  |  |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable)  |  |                             |                              |  |  |  |  |  |
| NOTE: The description in A3 above is for information only & not to certify the building location. The base flood elevation (BFE) is per Map Section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting, owner is responsible for coordinating this certificate with contractor and/or building official as needed. At time of this certificate 3/23/18 construction drawings were not provided. TBM Is a Mag nail found on Gulf drive in front of existing driveway EL: 10.4 Waveland Freeboard = 1' |  |                             |                              |  |  |  |  |  |
|  |  |                             |                              |  |  |  |  |  |